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* Final Report *

HISTORY AND PHYSICAL

Estimated Arrival Date:
Admit Date: 09/22/12
Registration Date: 09/22/12

CHIEF COMPLAINT:
1. Leg infection.

HISTORY OF PRESENT ILLNESS:
The patient is a 54 year-old woman with a past medical history of IV drug abuse for 20 years who has been now clean for one year and she is on chronic methadone therapy [redacted] She presents to Waterbury Hospital today with a one month history of worsening purulent ulcers of her left ankle. The patient reports she was tending to this at home over the past month and appears she was doing a fairly decent job in keeping the infection controlled. She states over the last week or so this is becoming much worse and she has noticed a lot more purulent drainage as well as foul odor.

She also describes that her ankle is extremely tender as well. The patient reports other lesions on her skin throughout her body pointing at her left arm as well as her hands and knuckles. She denies any trauma to any of these areas and has not been attempting to inject any needles in the areas where she developed these lesions. She otherwise denies any fevers, chills or night sweats. She does endorse a 30 lb. weight loss over the past year. She denies any localized swollen glands and no nausea, vomiting, diarrhea.

PAST MEDICAL HISTORY:
Notable for,
1. High blood pressure.
2. IV drug use with heroin times 20 years, drug free for one year.
3. She smokes tobacco.
4. She has a history of arthritis.
5. She also suffers from anxiety.

SOCIAL HISTORY:
As mentioned above. IV drug use for 20 years with heroin, clean for one year. Followed at SCRC. She does use tobacco approximately one pack per day. She denies any alcohol. She has a past history of marijuana and crack cocaine. Currently she lives with a friend. She recently lost her home.

FAMILY HISTORY:
Notable for mother with heart problems, brain lesions, but have not been diagnosed and arthritis. Her father died from heart problems.

MEDICATIONS:

1. She takes Amlodipine 10 mg p.o. daily.
2. Ibuprofen 800 mg p.o. t.i.d. for the past five months.
3. Hydroxyzine 100 mg p.o. t.i.d. for anxiety and insomnia.
4. Methadone 100 mg p.o. daily.

ALLERGIES:

1. **PPD skin test.**

REVIEW OF SYSTEMS:
Ten point review of systems was performed and was notable for the above mentioned in the history of present illness. In addition, she endorses poor dentition and anxiety. She denies any chest pain, shortness of breath or palpitations.

PHYSICAL EXAMINATION ON ADMISSION:
GENERAL: The patient appears in no acute distress. She is alert and conversant.
VITAL SIGNS ON ADMISSION: Afebrile at 96.8, pulse 84, respirations 18, O2 saturation 96% on room air, blood pressure 134/83.
HEAD/NECK: Pupils equal and reactive to light. She has extremely poor dentition. Normal oropharynx. No lymphadenopathy.
CARDIAC: Regular rate and rhythm, no murmurs, rubs, or gallops.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Soft and nontender, nondistended.
EXTREMITIES: Warm and well-perfused with 2+ pulses bilaterally upper and lower extremities. The patient has bony hypertrophy of her MCPs and PIPs on her bilateral hands.
SKIN: Shows a greater than 10 cm ulcerative lesion on the lateral aspect of her left ankle with copious purulent yellowish drainage and a foul odor with surrounding erythema and slightly warm to the touch. Unable to assess that there is visible bone due to examination limited by pain. In addition, she has a deep ulceration on the medial aspect of her left ankle that is also large in size approximately 10 cm also with copious yellow purulent drainage. She has several other small scabbed carbuncles throughout her body notably on her left upper extremity and on her knuckles.

LABORATORY DATA:
White blood count 8.9, hemoglobin 11.8, platelet count 249. BMP is notable for BUN 34, creatinine 1.74 with no known baseline. She did have an anion gap of 15. Liver function tests shows a total protein of 9.1, albumin 4.0 given a gamma gap 5.1. Her transaminases are within normal limits with the exception of an alkaline phosphatase elevated at 261. Urine toxicology is positive for methadone otherwise negative. Urinalysis shows trace protein and a moderate blood with 4-8 red blood cells.

ASSESSMENT AND PLAN:
The patient is a 54 year-old woman with a long standing history of IV drug use now on opiate maintenance therapy with methadone who is presenting to Waterbury Hospital

with a one month history of progressively worsening purulent draining skin ulcers with the worst being on her left ankle. She does not currently have any signs or symptoms of systemic infection, but does have a new acute kidney injury of unknown etiology in the setting of high dose chronic NSAID use for the past five months. In addition, she was found to have a gamma gap of 5.1.

PLAN BY ISSUE:

1. For her purulent and soft tissue infection. Would admit her to the general medicine floor and obtain a deep wound culture with blood cultures times two. Will obtain a wound care consultation and surgical consultation in the morning to evaluate for any further wound care and possible surgical debridement. Will check an ESR and plain film x-ray to evaluate for any evidence of osteomyelitis of that ankle. Will also continue antibiotics initiated in the emergency department with IV vancomycin to cover a likely MRSA infection given this copious purulence.
2. Acute kidney injury with no known baseline creatinine. This may be secondary to NSAID use presenting as an acute interstitial nephritis. Will check urine electrolytes and provide a fluid challenge overnight. She has no clinical signs of obstruction, however, a renal ultrasound may be useful to assess the chronicity of this injury. Will avoid nephrotoxins and renally dose her medications.
3. In regards to history of hypertension, she may continue her Amlodipine 10 mg daily.
4. Gamma gap of 5.1. The patient reports a negative HIV test in April, however, given this finding, we will perform a repeat test and consider an SPEP/UPEP, however, she does not have any current signs or symptoms suspicious for myeloma.
5. History of IV drug use with poor access and opiate dependence. Will check her HIV status and continue her p.o. methadone while inpatient. Will also check hepatitis B and C serologies. She will likely need a PICC line in the morning given her poor access and need for IV antibiotics.
6. Fluids, electrolytes and nutrition, GI. Will continue IV fluids at 100 cc an hour normal saline and she may eat a regular diet.
7. Deep venous thrombosis prophylaxis. Heparin subcutaneous.
8. Code status. The patient is a full code.
9. The case was discussed with the attending physician, Dr. Jeremy Schwartz.

Dr. Nadine Stanojevic dictating for:

Signature Line
Electronically Signed by the following provider(s):
[redacted]
on 10/02/2012 08:56 AM EDT

DD: 09/23/2012 12:05 AM EDT
DT: 09/23/2012 09:10 AM EDT